

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 139

Primary Registration District No. 4221

Registrar's No. 61

63-052071

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY

HOLT

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

HOLT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

MOUND CITY

Length of stay in 1b

20 MOS.

c. CITY  
OR  
TOWN

MOUND CITY

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

SUNCAN NURSING HOME

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First DWARD

Middle B.

Last KEIFFER

4. DATE  
OF  
DEATH

Month AUG Day 29 Year 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-23-1869

9. AGE (last birthday)

93

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

HOLT COUNTY MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

DAVID M. KEIFFER

13b. MOTHER'S MAIDEN NAME

PARTHENA MEADOWS

14. NAME OF HUSBAND OR WIFE

MARY ALICE KEIFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, (unknown)) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. BERT GOMEL - FAIRFAX MO.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

30 minutes

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerosis

10 years

DUE TO (c)

Hypertension

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. Month, Day, Year  
p.m.

20g. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1946 to August 29/63 and last saw him alive on August 29/63  
Death occurred at 3 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. B. McRae MD

22b. ADDRESS

Mound City Mo

22c. DATE SIGNED

8/29/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

8-31-1963

23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE

23d. LOCATION (City, town, or county)

MOUND CITY MO.

(State)

24. FUNERAL DIRECTOR

JAMES H. CRAWFORD

ADDRESS

Mound City, Mo

25. DATE RECD. BY LOCAL REG.

8-29-1963

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

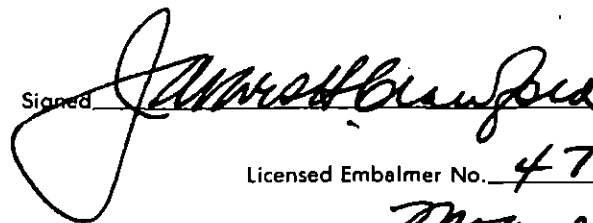
VS 300  
Rev. 4/59  
1 0440  
2 0440  
3 2  
4 0  
5 2  
6  
7 0  
8 2  
9 420.1  
10  
11  
12 86-2  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.